

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

The Legal Requirements of Medical Practice

TO THE EDITOR: Traditionally, medicine was a biological science. For two decades the health field has been infiltrated by the legal establishment changing the nature of healing art into a legal act. The legal interest in medicine was attracted by the still inaccurate knowledge of life itself and the margin of error of all human acts. This change forced an unprecedented personal accountability on health practitioners and generated millions of dollars of income for attorneys. We would expect that accountability and liability would be defined by law—for example, who can prescribe narcotics or who can sign a death certificate. The liability crisis has no such characteristics of an orderly legal process. It was shaped in courtrooms, by judges and attorneys without specific statutes, assuring princely profits for the “officers of the court.”

Organized medicine should strive for an orderly constitutional process where the perimeters of accountability and liability are stated by law: when to use fetal monitor, when to call for genetic counseling or disconnect the life support system. Do we have to document that Sunday afternoon call from a patient? Is clinical judgment dead and must every observation and complaint be documented by objective tests? Are the recommendations of the manufacturer in the package insert binding? If they are, they have the strength of law—or have they? The nebulous description of “informed consent” should be formalized, black and white. The popular term “standard of care” should be elevated from generalities to definition. Only a fraction of medical practices are uniform in most communities. Most practices are divergent due to schooling, experience or conviction. The views of a physician after 30 years of practice are different from those of a newcomer. If a “standard of care” is binding, it should be known to every practitioner. Legal accountability should be determined by law before it is enforced. Guilt and accountability should not be created in a retrograde manner after the fact just because it is profitable for the attorneys.

There are numerous aspects of diagnosis and treatment that represent personal liability for the physician without statutory definition. This is a giant gray area with unlimited opportunities for claims. The disposition of a case is then determined by aggressiveness and cunning,

by rhetorical skill, emotional tricks and courtroom theatrics. The armamentarium of attorneys is immense: exaggeration, misrepresentation of facts, embarrassment, exhaustion and intimidation of defendants, witnesses and opposing lawyers, emotional manipulation of judge, jury, audience and media. Justice will be determined by the most successful manipulators of emotions and suggestibility. Our system is ruled by men and not by law.

If the government can enforce accountability, it should be the government's responsibility to state unequivocally by law who is accountable for what. It should issue an authoritative document: “The Legal Requirements of Medical Practice.” Public policy as expressed by laws should be framed by elected representatives, not by the judicial branch. This should be included in the curriculum of medical schools. It should be part of licensing examinations. It should be published and issued to every practitioner. Then and only then should liability be enforced. I do not want to minimize the difficulties of compiling such a document but we have few alternatives left to resolve the liability crisis. Organized medicine should strive for this goal within the framework of a broader judicial reform.

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Beware of Phenolic Antioxidants (BHT and BHA)

TO THE EDITOR: During a recent plane flight I came across an article in an airline magazine (*PSA Magazine*, April 1983, p 73) that reports an interview with Durk Pearson and Sandy Shaw, authors of the best-seller *Life Extension—A Practical Scientific Approach*. The article provides a platform for Pearson and Shaw to “give some advice on keeping hair on your head, memories in your brain and the spring in your step as you dance with Father Time.” In the interview, as a counterattack to *disordered nutrition* (apparently “excessive fat in the diet, particularly polyunsaturated fat”) which may be involved in age-related problems, Pearson recommends *inter alia* supplements of “BHT and BHA, common antioxidant food preservatives.” Later, in discussing the assertion that BHT has been very effective in eliminating genital herpes outbreaks and preventing the virus from being communicated, Pearson is

stated to "recommend taking a daily dose of two grams of BHT just before bedtime indefinitely because the BHT attacks the virus itself, preventing it from reappearing or being transmitted. . . . BHT has also been found to be a preventative agent against certain types of cancer." These views of Shaw and Pearson were also expounded in a *Wall Street Journal* article about them (May 2, 1983, p 1).

Whatever the actual merits of BHT (and BHA) might be in combatting the awesome triad of senescence, genital herpes and cancer, I wish to bring to the attention of physicians and health personnel that many years ago Denz and Llaurodo¹ reported dramatic, deleterious effects of 2:6-di-*tert*.-butyl-4-methylphenol (BHT) and butylated hydroxyanisole (BHA), which is a mixture of two isomers, 85% being 2-*tert*.-butyl-4-methoxyphenol and 15% 3-*tert*.-butyl-4-methoxyphenol. These phenolic antioxidants are used in small concentrations for the stabilization of edible fats.

In well-controlled experimental studies Dr F. A. Denz and I found¹ that a series of daily doses of 1 gram of BHT (or BHA) given to rabbits by stomach tube led to muscular weakness, inanition and death. The biochemical and histological studies included electrolyte (Na⁺ and K⁺), extracellular fluid and corticoadrenal data. The organs most affected were skeletal muscles, kidneys and adrenal glands. We indicated that the possible cause of death was potassium depletion. At the time that we published our results, we believed that the relatively low levels of BHT and BHA used as anti-rancids for food preservation were not harmful to humans. In spite of the appearance in recent years of faddist groups vociferating against preservatives added to food, I still believe (Dr Denz is now deceased) that the above statement is true and personally felt for some time that I should not "reissue" our data because they could unjustifiably alarm consumers or might be misconstrued as a publicity seeking device on my part.

However, after reading that daily doses of 2 grams of BHT are recommended indefinitely "to attack" the genital herpes virus, I feel, in good conscience, compelled to draw attention to the toxic effects associated with the administration of BHT and BHA that have been experimentally demonstrated by us on rabbits. Daily doses of 1 gram given to rabbits were lethal in about two weeks. In terms of concentration of drug per kg of animal mass, the recommended human dose of 2 grams a day is simply *one order of magnitude* below the lethal dose. Obviously, smaller doses, if not lethal, must produce pathological effects.

I have not read *Life Extension*, but from the information gleaned from the two articles I have mentioned, I feel impelled to make a strong effort to prevent administration of chemicals that have been shown to have devastating effects in well-documented experimental studies. I believe physicians and health authorities should be familiar with the probable consequences of prolonged large doses of these phenolic antioxidants

and forbid their use except as fat stabilizers for food. These agents may *do in* not only the virus itself, but indeed the host as well.

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REFERENCE

1. Denz FA, Llaurodo JG: Some effects of phenolic anti-oxidants on sodium and potassium balance in the rabbit. *Br J Exp Pathol* 1957 Oct; 38:515-524

Lessons From the 4077th M*A*S*H

TO THE EDITOR: After a quick search through the *Index Medicus*, I realized not much has been written about M*A*S*H. It seems inappropriate that the passing of a television show that has shaped America's (and probably the world's) view of physicians in the military should occur without note in the medical literature. Eleven years and 250 shows have truly changed our impression of doctors in wartime, not only career military but drafted doctors and even psychiatrists.

We noted in the movie M*A*S*H that wartime doctors might be "different" but we actually learned it while tuning into CBS once a week for all those years. It was a show that grew with us. In the wake of the Vietnam War, we and it changed, both being affected by the changing American culture. We watched Hawkeye go from womanizer to feminist, Margaret Houlihan from "Hot Lips" to a constructive partner in a health care team. We also saw Frank Burns' fanatical patriotism stunted, and Radar's naiveté squashed. Throughout all this, we tried to convince ourselves it was the witty writing, superb acting, flawless delivery and cast teamwork that made us tune in. We didn't understand that a culture was undergoing a metamorphosis around us, both in medicine and throughout society and M*A*S*H. Character changes were symbolizing that change. Actually, the 20-year time difference "removed" it from the present and made it safe to watch. Little did we realize it was the American soul up there on the screen.

While using the Korean War in the 1950s as a metaphor, the show catalogued the changes of the 11 years it was on television: sexual frankness, antiwar stirrings, feminism and so forth—in short, the lost innocence of the children of the 1970s. Trapped in the insanity of a wartime surgical "hospital" based in tents, the medical personnel of the 4077th tried to make sense of the inhumane conditions, irony and uncivilizing effect of war. We watched weekly. We empathized. We identified.

When the Vietnam War was over and the culture shifted slowly into the "me decade," we noticed the cast internalize; plots emphasizing interpersonal relationships and personal fulfillment began to be aired. Nuances of relationships were explored. They changed. We changed. A whole generation of Americans changed.